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ORIGINAL COMMUNICATIONS.

ARTICLE I.—*Chloroformization in Midwifery.* By J. N. GRAHAM, M.D.

PROF. N. S. DAVIS:

Though a stranger to your columns, it may not be improper to ask your indulgence in a few words on the above topic from my own experience.

Though the article in the main has been published from my pen in a Southern medical journal, some of the facts in the case may not have occurred to the minds of all the readers of your excellent periodical; and I am aware that even now, after all the light that has been thrown upon this subject, it is regarded by many with feelings of distrust—of *horror.* There are not wanting, even now, in our own profession, I am sorry to say, those who regard the defenders of the use of chloroform, as an anæsthetic in child-birth, as wild innovators—*reckless experimenters.*

Men naturally love the old beaten track, and any innovation upon this, whether from empiricism or the result of scientific research, often meets with bitter opposition from those from whom we might expect better things. But it should not weaken our courage or lessen our faith in aught that has truth for its basis, to find the popular clamor raised against; or to find those

who, schooled in the notions of the past, are either too lazy to investigate for themselves, or too superstitious to give credence to the results of the investigations of others, look with a holy horror upon anything outside the visual angle of their own limited views. Like the seer of Judah's warrior, pointing with their dismal wand, and from the profundity of their untold knowledge, warning us with holy awe, that 'this portends of *evil* and *only evil*.' Or, like the wizard of Scotia's chief, assume the teachings of the Holy, and tell us,

> 'Tis the sunset of life gives them mystical lore:
> And coming events cast their shadows before.'

With solemn look and meaning shake of the head, they would warn us of the 'awful danger of these reckless experiments,' or, as if at once to silence all further research or trial of so potent an agent, they open to our astonished visions, with the sanctity of the inspired upon their lips, the pages of Holy Writ, and tell us 'In sorrow shalt thou bring forth.' Now, we have simply to say here that we are *out* on all such reasoning. Wherever indulged in, it is a disgrace to the profession, and a shame to the man who utters it. In part, this kind of reasoning might have been pardonable years ago, but not now.

I speak thus plainly, because, for more than eight years past, I have witnessed much of this manner of meeting this subject; this unphilosophical method of treating the question of chloroform, as an anæsthetic in child-birth.

Experience is the best guide in all matters that require proof. When we have touched, tasted, and handled for ourselves, then, and not till then, are we capable of thoroughly understanding, or of forming a reliable opinion; it matters not, what may have been our erudition on other points. We need not stop here to give the origin or history of chloroform; this, to all who have given any attention to the subject, must be familiar. Suffice it to say, its powers of abolishing pain were discovered by actual experiment. Its introduction was philosophical, and the accumulating proof in its behalf, as a safe and sure anæsthetic, places it beyond a shadow of doubt, nay, forces us to rank it among other important and unquestionable scientific discoveries.

In our own practice, for the last eight years, we have admin-

istered chloroform by inhalation in over one thousand cases, and without an unfavorable result in a single case. We have given it by the mouth for various diseases, such as neuralgia, colic, hysteria, etc. in a very large number of instances, and with the most pleasing results. In three hundred obstetric cases of which we have kept record, with special reference to the time, effects, results, &c. we have administered chloroform in two hundred and thirteen cases, and with the happiest results. It no longer admits of a doubt, that chloroform can be given in child-birth, with perfect success; that it does allay the suffering of parturition, and, that, without disturbing any of its natural functions.

We shall not stop, now, to discuss the results of this agent pathologically (for, as yet, this may be a mere matter of opinion or speculation): whether, like poisonous narcotics or other agents, it may be supposed to affect directly, through the blood, the various ganglia, in an inverse direction to their relative importance to animal life—as, first, the cerebral or intellectual, and, last, the ganglia which support the organic system—thus destroying not only sensation, but all muscular action, and when pushed to the extent, producing death. Be the pathological laws that govern the action of this mysterious agent upon the human system what they may, the results of its wondrous powers over the nervous functions, admit of no doubt—are tangible.

When first inhaled, chloroform produces a sensation described 'as prickling' or 'tingling,' 'like that of a limb asleep.' The patient may complain of a 'roaring noise in her ears;' sometimes the sounds are pleasant, and she likens them to any music that, in consciousness, may be most agreeable to her. Dizziness, or rather confusion, or want of power to *will*, comes on until the patient is lost to all perception of surrounding objects, or lives in a fairy world of her own imaginings; until, by its removal, consciousness returns, which is always in a few moments after she ceases to inhale, when she often weeps that 'she has been brought back to earth again.'*

* The writer had a case of this kind of peculiar interest in his own practice a short time since, in the person of a lady, under the influence of chloroform, for the extirpation of malignant hemorrhoids, in which it was with the utmost difficulty she could be composed when she found she was really yet on earth—and many such instances are known to us.

There is generally during the first two or three inhalations an increased rapidity of the respiration, also of the pulse; but these, soon becoming slow and regular, like natural sleep, the patient passes almost imperceptibly into the land of glorious visions, where, for aught we know, she revels amid the homes of the blessed, and holds converse with the spirits that surround the throne. Different individuals or constitutions manifest different degrees of quiet or excitement when under the influence of this agent. While one becomes perfectly calm and composed after the first two or three inhalations, another will be restless, tossing about, and manifesting signs of suffering; but awake her, and ask her if she suffers pain, and she will tell you 'No. Give me more chloroform.'

The frail and delicate female will often remain conscious and converse with perfect freedom during the intervals of pain, and, on the slightest indications of its return, apply the sponge saturated with chloroform to her mouth; and, thus, while under the most powerful uterine contraction, free herself from all consciousness of suffering. Often, when restless and talkative, a little increase of the chloroform will quiet all in sound sleep. We have often seen her, while sufficiently under its influence to destroy all sensation of pain, chat freely and answer questions correctly. We have seen the mother, in the last stages of labor perfectly quiet under the most intense uterine pressure. We have seen her when, for thirty-two hours, her whole frame had been in an agony of torture, relieved of her sufferings, the instruments applied, and delivery accomplished in ten or fifteen minutes from the time of its first inhalation. We have seen the attached placenta carefully removed, while the unconscious patient was reveling amid the sunny scenes of her girlish days, or, with buoyant spirits, waiting in her elysian world for the first fond accents that should pronounce her mother. We have seen her pass through almost the entire course of labor without the slightest sufferings, and awake to find herself a happy parent, and 'bless Heaven for chloroform.'

But it is objected, 'That the patient suffers just as much as though she were not under its influence, but is not conscious of it.' Now these manifestations are easily accounted for on per-

fectly rational principles; as in sleep, for instance, when for some cause or other a function is disturbed, the brain takes cognizance of this disturbance, and efforts are made until a change is effected, without the least consciousness on the part of the individual. The person may *will* to turn himself, but perceives it not.

The motory and sensory nerves, we know, have their origin in different columns of the spinal cord; and in the organs of organic life we find chloroform selecting, as it were, which of these it will suspend and which it will leave untouched. The functions it would control are selected and held under its mysterious influence, while others are left to pursue their natural course. Suffering, we think, must consist in a consciousness of pain: hence, where there is no consciousness there can be no suffering.

Again, it is urged, that 'Anæsthesia suspends uterine contraction, and consequently retards labor.' But experience and *facts* both abundantly prove, that, when rightly administered, that is not the result of chloroform.

But here are some of its effects (and we speak that we do know):—At the commencement of labor, when the pains have been frequent and harrassing, without seeming to advance the stage of labor, but only wearying the patient, a small quantity of chloroform inhaled will produce sleep; the patient sinks into a quiet repose for fifteen or thirty minutes, during which nature rallies, the mother is refreshed, and labor proceeds unmolested to its close. All this simply proves, that, whereas, the contractions were frequent, 'vexing,' and inefficient, they now become regular, *efficient*, and painless. It is a frequent occurrence, as every one knows who has been in the habit of using chloroform, that from the most unpromising and painful, the most speedy and favorable labors have occurred. We do not contend that this agent might not be pushed so far as to suspend uterine contraction altogether. So it *might*, to suspend even *life;* but this, in parturition, need not be so: the judicious practitioner will, in every case, avoid it.

We hear it also objected, that 'The law of succession should prevent our using chloroform in child-birth, as it may, ere we

are aware, reach the medulla oblongta, and thus destroy life.' Now it is a fact that this process of 'succession' never can be understood, since its effects are so sudden, often not requiring more than one or two inhalations to produce the result. But shall we, therefore, abandon its use? Every principle in in science, not self-evident, is proven to be such by actual experiment. And shall we abandon a great truth because we find, or cannot account for one exception in a thousand? Suppose we should *certainly* lose one in a thousand, would this argue that the nine hundred and ninety-nine were based upon mere chance? that the untold sufferings that had been allayed in all the other cases were the result of mere accident? Would we not rather, and justly too, attribute it to some other or unknown cause, something may-be yet beyond the depths of our present knowledge? If we adopt this method of reasoning, we destroy the value of statistics, which, in establishing facts and principles, are of the utmost importance. If this be true, it matters not if we had a countless array of this kind of proof, one single exception would destroy the whole.

But we contend we *have* a right to draw conclusions from actual experiments, and to *experiment* when we are satisfied that, on the whole, more of *good* than of *evil* will result from our experiment.

It is objected also, that 'The decree has gone forth, "In sorrow shalt thou bring forth,"' and that, therefore, we are interfering with the designs of Providence to seek to abolish pain in child-bearing. Upon the same principle we might object to administering any agent for the relief of pain or disease, as disease comes upon us as part of the curse for sin. Or, still further, we might object to the manufacture or use of *labor-saving* machines, because the curse has gone out, 'In the *sweat* of thy brow shalt thou earn thy bread.'

And still, again, says the objector, 'The pains of child-bearing are really too trifling to demand the use of so potent an agent, as they are purely *functional.*' But we contend that there is no such thing as functional pain in parturition. Pain is *not* the result of uterine contraction, but of the impediments to the passage of the fœtus, such as the unyielding state of the

fœtal head, narrowness of the passage, etc. and that, therefore, anæsthesia does not disturb functional harmony. But who shall be authority, whether the pains of child-birth are really 'trifling'? Certainly not he who makes this assertion. The proof must come from the actual sufferer; and all writers agree upon the testimony, the oft-repeated and *soul-stirring* testimony, that the pains of labor are *ever painful*, and often *severely* so. Who that has ever witnessed that look of anguish, those contortions of the frame; those deep, agonizing groans, not to be described; can deny this truth? Who has not often felt that he would be willing to make almost any sacrifice in his power to allay these sufferings? We verily believe the hour has come when the question to be decided is, not whether the suffering is great and demanding our sympathy; but whether, before Heaven and suffering humanity, we shall be exculpable in withholding this agent when it is admissable to use it.

Says Prof. Simpson, 'Instead of determining in relation to it (natural labor), whether we shall be justifiable in using this agent under the circumstances named, it will become, on the other hand, necessary to determine whether, on any grounds, moral, or medical, or professional, man could deem himself justifiable in withholding and not using any such means (as we suppose this to be); provided he had the power of assuaging the agonies of the last stage of labor:—and we might add, counteracting what Velpeau describes, as 'those piercing cries, that agitation so lively, those excessive efforts, those inexpressible agonies, and those pains apparently intolerable, which accompany the natural parturition of the human mother.'

This means has, then, in the progress of human science, been brought to light. We have it in our power to assuage every pain of parturition, and to cause what was once more dreaded than *death* itself, now to be looked upon as but one of the changes in life which go to make up the sum of human happiness.

Are we asked, 'Would you administer chloroform in every case of natural labor?' We answer, *Yes!* wherever we could prevent but a few minutes of suffering, provided no organic impediment or constitutional derangement stood in the way,

such as disease of the heart from dropsy, induration, thickening or leakage of the valves from any cause, or some serious weakness or determination to the brain. Mere neuralgia or nervous debility of the heart, or asthmatic affections of the lungs, would not prevent our giving it. Indeed, we have often given it to the confirmed consumptive with the best of results. We have administered it by mouth when the patient was sinking by suffocation from 'enlargement of the heart,' when nothing else would give relief.

As to the precise time in labor when we would commence the use of chloroform, it would be difficult to give any fixed rule. Every practitioner must be governed by the circumstances of the case and his own good judgment, and *experience* will best give him confidence in determining him in its administration. We often give it quite early, when the pains have been, as they are often termed, 'vexing,' 'wrangling,' or 'wearying,' that quiet and composure of the nervous system may be brought about, and thus, after a little rest, nature is better prepared to accomplish its object. As a general thing, we put the patient under its influence, when the os is dilated or dilating, and the pains have become regular and well developed. Indeed, we have often seen a protracted rigidity of the os yield to a few moments' sleep from the chloroform, and a hitherto *tedious* labor become easy and efficient. We have found no means so free from objections in giving the chloroform, as a simple sponge hollowed out to fit the mouth and nose. Upon this (after having been moistened and thoroughly wrung out of warm water) we pour a drachm, more or less, of pure chloroform, always managing the sponge ourselves, until our patient comes under its influence. We graduate the quantity *ourselves*, according to the circumstances of the case, and never trust another to pour the chloroform without our inspection. When the patient comes under its control, we commit the sponge to the care of some judicious lady present, giving directions when to apply and when not, always seeing that *plenty of fresh air is inhaled with it.* The sponge is held at a short distance from the nose for the first two or three inhalations, to prevent strangling, and then the sooner the patient comes under its influence

the better. We have often seen it administered in small quantities and slowly, thus producing merely excitement and fruitless attempts to anæsthetize the patient, thus bringing disrepute upon the practitioner and the chloroform, when a little more familiarity with and confidence in the powers of this agent would have induced him to push it to the desired effect at once, or, by reasoning with his patient, encouraged her to inspire it freely, and with confidence compose herself to its influence. It is not necessary to push it to the same extent in parturition that it must be in surgery, hence its greater safety. By two or three inhalations, or in a very few moments, your patient will become completely under its influence, and thus your object be gained. Should she become restless and talkative, this may be quieted by pushing the chloroform a little further, or if sensation of suffering is destroyed the talking matters but little. Thus we have kept patients under its influence for from fifteen minutes to fourteen hours, graduating the quantity according to the *indications*. We have seen, in the books, that ergot must not be given if you would administer chloroform; but we give both together, whenever we deem it proper, and always with good results. Unless in *instrumental* labor, it is not necessary to push chloroform to stertorous breathing, but in these cases we have seen it manifest its wondrous power in controlling pain. The best index as to the real condition of your patient, is the state of the respiration. We pay but little attention to the pulse, provided the breathing is regular.

In cases of *death* from chloroform, the respiratory functions cease before the cardiac; the heart continuing its action uninfluenced by the chloroform for a period longer or shorter after the respiratory has ceased. Its then ceasing may be considered as a natural consequence of the lack of the respiratory action of the lungs, and as independent of the use of chloroform. But if the respiratory has failed, and while the heart is still in action the chloroform be continued, the movements of the heart will then become impaired, and its cessation may be justly attributed to the effects of this agent. From what we have heard and read on this subject, we are confident that much time is lost and injury done in attempts to resuscitate patients sink-

ing under the influence of chloroform, by applying stimulants to the nostrils or attempting to pour cordials into the stomach when the respiratory functions have ceased; for, in this case, the former can do no good, and the latter would be as likely to pass into the trachea and bronchi as into the stomach. Says a writer for the *Edinburgh Monthly Journal:* — 'When the patient is lying, so soon as the breathing ceases and the jaw drops, the tongue is particularly liable to fall backwards and fill the orifice of the glottis. Artificial respiration under such circumstances is worse than useless. It is better at once to pull the tongue well out of the mouth, and passing a hook through the tip confide it to the care of an assistant.' He says further:—'I am convinced that in some cases in which respiration has ceased, it has been from neglect or too tardy adoption of this simple method.' But we are happy to say, that, in the use of chloroform, in our own practice, no such means have ever been necessary, nor do we believe such results *ever* necessary in its administration in child-birth.

We cannot say that we are aware of *one* well-authenticated case on record of death in natural labor from the use of chloroform. We have seen a notice, from the *Medical Times and Gazette*, of April, 1855, recording an instance of 'death from chloroform administered by a nurse.' But the condition of the patient at the time, or the qualifications of the nurse to administer the agent, we know nothing of: for aught we know, the same nurse, at the same time, might as well have poisoned her patient with opium, spirits turpentine, lobelia, or any poisonous narcotic. Some time since we saw a newspaper report of 'Death from chloroform in child-birth.' It is possible chloroform had as much to do with the death in this instance as it had in producing 'ague' in a case to which we were once called. The lady had intended taking chloroform in her confinement, but the labor having terminated before my arrival, she of course did not take it. Some weeks after she was sick from 'ague,' and the report went the rounds that 'she had never rallied from the effects of the chloroform which the Doctor gave her.' On investigation we have found many of these reported 'deaths' based upon about as reasonable grounds.

But suppose *one* should die of the thousands who inhale chloroform, or even if it were *certain* that *one* in every thousand who take it should die, should this deter us entirely from giving it to the hundreds of thousands of suffering multitudes, *many* of whom *must* die unless relieved from suffering by its power? Professor Simpson has reported some three thousand cases of child-birth under the influence of chloroform, and without any unfavorable results in a single case, and hundreds of thousands more have taken it, and blessed Heaven for it. It is only strange, that in a period of over nine years since its first use, but *one* case of death should have occurred to the parturient, and this is a very doubtful one. But we have passed the day when an exception like this, or the few that may have occurred, should deter us from its administration, wherever, by its proper use, we can allay the tortures of pain or stay the ravages of disease.

ARTICLE II.—*A Fœtus at Full Period, without Investing Membranes or Liquor Amnii.* By J. P. H. STEVENSON, of Robinson, Ill.

An obstetrical case, presenting some points of interest, recently came under my care, and I concluded to communicate it to the profession through the pages of your valuable *Journal.*

I was called, February 24, 1857, to Mrs. M———, aged twenty-nine years, in labor three hours with her fourth child. She had gone to full term, and I found the pains characteristic of the first stage of labor. I interrogated her in regard to the rupture of the membranes and discharge of the waters, and she informed me, that it had not occurred. On an examination per *vaginum*, I found the *os uteri* within reach and dilated to about the size of a twenty-five cent piece, and quite dilatable. The vertex presented, and it was evident to me that there were no membranes interposing between my finger and the fœtal cranium. I again interrogated her in regard to the discharge of the waters, and she still insisted that it had not occurred. I used the precaution to examine her clothing, to ascertain if they were wet from the discharge, but found them dry. I accounted at that time for the absence of the membranes in this

way, that the vertex had ruptured them, and they had receded so as not to be in reach at the time of the examination, and adhered so closely to the cranium that the liquor *amnii* could not escape. The labor proved a lingering one lasting thirty hours, at the end of which time I delivered her of a very plump female child, whose weight was about eight pounds, but still no appearance of membranes or liquor *amnii*. As soon as I could sever the cord, and before the cavity of the womb became filled with blood, I introduced my hand to ascertain if the membranes were not adhering to its walls, but they were not to be found. As no portion of the *placenta* had been separated from its maternal attachment, I found the interior of the womb quite dry, and covered to the depth of a sixteenth of an inch, as was the body of the child, with a white, tenacious, cheesy-like material. That which covered the body of the child, adhered so closely that it could not be removed by ordinary washing. I took the pains to separate gently, with my fingers, a portion of this internal coating and examine it before I separated the *placenta*. I then separated the *placenta* and examined it, but found no trace of membranes adhering to its walls. It was very certain that no liquor *amnii* was to be discovered at birth. The lady, being an intelligent woman, asked the reason of this strange occurrence, and remarked, after the labor, that her clothing was quite dry. In her third accouchment the waters were so abundant I was compelled to *puncture* the membranes early in the labor. On the third day she had inflammation of the womb, caused no doubt by that tenacious substance covering the interior and acting as a foreign body. It was promptly controlled by calomel, opium, injections, and fomentations. At this time mother and child are both well.

This case may appear as strange to the profession as it did to me when it came under my observation, for the reason that it comes in direct contact with our preconceived notions and theories on the subject. I do not remember, in the course of my reading to have noticed the mention of such a case. In *Meigs Obstetrics*, page 189, I find the following very emphatic language on this subject, speaking of Pregnancy, he says:—

'Suffice it for me to say, that, at any time in the course of

the whole career, that career may, by the physician, be instantly arrested and brought to a speedy close by discharging or withdrawing the ovum, or by taking away the retentive power of the survex uterii; for to discharge the waters of the *amnion* by *puncture*, or to dilate the canal of the survex with a sponge-tent, or to energize immoderately the facultus expultrix of the *fundus* and *corpus* uteri by means of ergot, is to arrest and bring to a close the whole operation of the reproductive process.'

Thus we have the indirect testimony of one of our best authors to the universal presence of the membranes and liquor amnii, and the positive assertion, that, in the event of a breach of continuity in the membranes, inevitable destruction to the products of conception. But a question here arises, may not the membranes and the liquor amnii in the last days of pregnancy, when the process of development is carried on so rapidly, be absorbed, and they being absorbed, may not the fœtus remain alive in utero until full term. Let our hypothesis on this point be as it may, the above case furnishes evidence that, at least, one fœtus has lived in utero, without either membranes or liquor amnii to be found at birth: but how long it may have lived without these necessary appendages, 'this deponent saith not.' I say necessary appendages; for, without them, every labor otherwise perfectly natural would be converted into a preternatural one.

A German medical journal recently mentioned a case of the total absence of the umbilical cord at full term.

ARTICLE III. — *Letter on the Use of Veratrum Viride.* From Dr. HILL, of Hopedale, Ill. March, 1857.

DR. DAVIS:

Sir—Having just read a communication in the March number of the *Medical and Surgical Journal*, in relation to the further results of the exhibition of the Veratrum Viride in the treatment of fevers, I would gladly contribute my small experience in the value of the drug in question, at least in conformity to the request of Dr. Dewey, that those knowing anything of the result by actual observation should communicate the same

as evidence, if indeed further evidence is required of the effects of the remedy in the treatment of fevers.

I have, in the short time that I have been in the practice, given the veratrum almost indiscriminately in fevers, and have almost, without exception, seen it followed by the very best results; however, I have never noticed any decided inclination to diaphoresis that I attributed to the remedy, as has been spoken of by some.

The first case in which I exhibited the veratrum viride, decided me in its favor; it was a case of remittent fever, of a highly sthenic grade of action and bilious complication.

On the first of June last I was called to attend Miss B———, in this vicinity, who had had chills, followed by the usual febrile stage. On the third day of her illness (the day I was called to see her), the intermission, which should have occurred at 3 P.M. was very slightly marked, in fact almost a continued grade of febrile excitement. The whole surface was hot and dry; countenance very much flushed; great pain in the head with considerable cerebral excitement; tongue red on tip and edges, coated with a whitish fur, inclining to yellow, on the median line and root; more or less nausea; bowels somewhat constipated.

I commenced the treatment of the case by a purgative dose of calomel and ext. colocynth comp. ordering it followed in six hours with sulphate magnes. in case of its not having operated by that time. Gave the effervescing draught every hour, in combination with spirits of nitre and a little tartar emetic, while the febrile stage lasted, fully expecting by this means to produce a complete intermission in a few hours: likewise leaving quinia sulphas. to be given at short intervals from the time that the intermission should occur.

Visited the patient next day. The cathartic had operated well; the febrifuge had been given, but no intermission. Found on inquiry that the quinine, either from carelessness of the directions or downright ignorance, had been given—and now, indeed, fever wild and high coursed through every vein. I do assure you my alarm was very great. Constant delirium was present, and the patient presented every feature of active cere-

bral congestion. To obviate the most pressing feature of the case, the cold douch was resorted to with temporary benefit: but this was only palliative, it was not a cure. I wanted an agent to reduce the force and volume of the circulation, and that, too, promptly. I gave five drops of the tincture verat. viride (of Dr. Norwood), and in half an hour five more, which produced emesis. A rapid diminution in the force and frequency of the pulse was now perceptible; the delirium was almost entirely relieved; a very decided drowsiness seemed to steal over the patient. I now ordered three drops to be given with a little spirits of nitre every hour and a half, till a complete intermission should occur, intending to visit her in a few hours.

Next morning visited the patient early. Found her sitting up in bed; pulse soft and moderately full, and about the healthy standard in frequency; skin cool and slightly moist; feeling quite comfortable, as she expressed it: in short, almost a complete intermission. Anti-periodic doses of quinine were now administered, and the patient soon recovered.

Here was a case where febrifuge medicines of a diaphoretic and sedative character, failed in producing an intermission sufficiently marked for the exhibition of the sulphate of quinine to cut short the approach of the next paroxysm; but, on the contrary, the fever continued with unabated violence, and it was not until the verat. viride was given at first in large, and next in generally decreasing doses, that the ultimatum so desired was attained.

I have since given the veratrum in almost every case occuring in my practice, where a control over the force, frequency, and volume of the circulation was principally indicated; and to a considerable extent, at least, has been followed by the expected effect. I sometimes exhibit it after your formula; at other times in a little sweetened water, or elm water, or spirits of nitre alone; generally in larger doses at first, then at more lengthened intervals smaller doses. I have seen it followed by alarming depression, requiring a prompt recourse to alcoholic or opiate stimulus to prevent the apparent syncope to which the patient was hastening.

If you deem this communication of sufficient importance to

entitle it publication, it is at your service. The fact of its being the first article that I have ever written for publication, will, I hope, be a sufficient apology for its many imperfections in composition and penmanship, likewise for the intrusion on your time and patience.

ARTICLE IV.—*Cases Occurring in the Practice of Prof. D. Brainard.* Reported by EDWIN POWELL, M.D. Resident Surgeon in U.S. Marine Hospital, Chicago, Ill.

Case I.—Rufus Mather, American, æt. thirty-nine; a stout, robust man. Was admitted into U.S. Marine Hospital January 9th, 1857, laboring under retention of urine from stricture.

The patient stated that twelve years previously he fell from a loft in a barn, and struck astride a manger rail, which produced laceration of the perineum and rupture of the urethra, with consequent infiltration of urine.

Abscesses in the perineum, and sloughing of the scrotum followed, which were eventually healed. But a urinary fistula remained, and the urethra is bound down to the os pubis to the left of the symphysis.

From that time to the present, the patient has been afflicted with symptoms of stricture, which, during the last year, have been severe, and for several months the stricture has become more perfect. Once during the interval he has had a perfect retention of urine, but was relieved by the introduction of a catheter. At present the bladder rises to the umbilicus; there is great pain and constant desire with inability to void the urine. The patient has not passed his urine, except *guttatim* for the last seventy-two hours.

On attempting to introduce a catheter, it was found impossible to convey it but a few inches along the urethra before it came in contact with a stricture, beyond which it could not be made to pass. Finding there was no prospect of relieving him in this way, it was decided to incise the stricture by 'perineal section.' The patient, having been brought under the influence of a mixture of chlorôform and ether (one part of the former to five of the latter), was placed on the operating table in the position for lithotomy. A grooved sound was passed along the

urethra until it came in contact with the stricture—a distance of about six inches—and an incision made down upon the point of it; it was then withdrawn and a director taken from a pocket case was passed through the stricture, upon which a bistoury was placed and the stricture freely incised. A No. twelve catheter was introduced into the bladder and allowed to remain for the first two weeks, being removed and replaced every morning for the purpose of cleansing it. The bladder was washed out with cold water for the first two or three days, at which time all unpleasant symptoms had subsided. The patient progressed favorably from this time forward, until at the end of eight weeks the urine flowed in a full stream from the urethra. The catheter was introduced from time to time to prevent a return of the stricture.

(To be continued.)

SELECTIONS.

Dr. Edward Brown-Sequard's Experimental and Clinical Researches, applied to Physiology and Pathology.

EPILEPSY—(Continued).

SECTION XII. In many of the preceding parts of this paper I have strongly insisted on the influence of the aura epileptica, or of a peculiar kind of irritation of the peripheric nerves, as causes of epileptic fits. I must now show that I was right in this respect.

Herpin, in his important work which I have so often quoted (*loco cit.*, p. 421), tries to prove that the phenomena of the aura epileptica are nothing but the result of a cramp in one or in more muscles, and that this cramp is the first convulsion of the attack. The same view had already been proposed by Prichard, who says that the aura generally is "a convulsive tremor commencing in a limb" (A *Treatise on Diseases of the Nervous System*, Part first, 1822, *Note*, p. 88–89). Herpin has gone farther, and tried to prove that this is always the case. He thinks that the aura epileptica, or, in other words, the first cramp, depends upon a change in the nervous centres, and that the seat of the aura varies according to the place where the change begins in these centres. The cause of the attack, there-

fore, is in the cerebro-spinal axis, and the aura is only a manifestation, an effect, of this cause, and, in consequence, cannot be considered as a cause of the fit.

This theory implies that the so-called sympathetic epilepsy does not exist; it is a denial of the peripheric origin of epilepsy.

I cannot understand such a denial, because I think there cannot be any doubt as regards the existence of the sympathetic epilepsy, when we take notice of the immense number of cases of this disease in which it has been produced by wounds or blows in various parts of the body, by neuromas, or other tumors, by dentition or decayed teeth, by foreign bodies, by worms, by calculi and other concretions, by diseases of the skin or of the trunks of nerves, &c. I will merely refer to the works of Portal (*loco cit.*, p. 155–185, p. 204–214), Esquirol (*loco cit.*, vol. i., p. 297–305), Delasiauve (*loco cit.*, pp. 217 and 253), and Romberg (*Nervenkrankheiten*, 3d ed., 1855, vol. i., part 2, pp. 689 and 700), where a great many such cases are reported.

When I treat hereafter of the nature and seat of epilepsy, I will try to show that almost always, if not always, there is in this disease an increased degree of the reflex excitability of the cerebro-spinal axis, and that epilepsy seems to consist mostly in this increased excitability. When a wound, or any of the known causes of the sympathetic epilepsy, produces this affection, it does so principally, if not only, by increasing this reflex excitability. I will show also, hereafter, that there are two distinct influences belonging to the various causes of the sympathetic epilepsy: by one, they produce the disease, or rather, the principal element of the disease, *i. e.*, an increase of the reflex excitability; by the other, they produce the fits. I refer, I repeat, to the writers I have just quoted, for facts proving that they may produce the disease, and I will now only try to show, in opposition to the theory of Dr. Herpin, that they often cause the fits. I will also try to show that many kinds of felt or unfelt irritation of the sensitive nerves of the skin, or of the muscles, have the same power.

A great many facts are opposed to the view that the aura results always from a cramp. In the first place, if this view were true, the sensation of the aura should always be felt where there are muscles, and not in those parts, such as the fingers, toes, skin, mammæ, testicles, ears, &c., where there are no muscles, and where, therefore, there cannot be any cramp. In taking notice only of cases reported by Herpin himself, in his learned historical account of the aura epileptica, we find that in a number of them the aura originated in the following parts: the little finger (two cases, one by Brassavola, the other by Hollier); the

thumb (one case by Bouchet and Cazanvielh); a finger (one case by Faventinus); the big toe (four cases—two by Tulpius, one by Sylvius, and one by Portal); a cicatrix on the foot (one case by Puerari); all quoted by Herpin (*loc. cit.*, pp. 393, 394, 395, 398, 416 and 417). I might have given a much longer list by taking facts from other writers, ancient and modern. There are also many facts in opposition to the view of Herpin, in his own work, some of them observed by himself. There are cases in which there was a cramp, but, at the same time, a pain in parts where there was no cramp, and it is remarkable that the patients complained of this last pain only. So it was particularly in two cases observed by Herpin himself (Case xi., p. 70; and Case xix., p. 134).

If the view of Herpin were true, the sensations of the aura epileptica should be always the same, and always those of a cramp. Instead of such a thing, it is well known that these sensations vary extremely, and that they are described as a feeling of tickling, formication, burning, cold, &c. It would be easy to give a long list of cases in which these sensations have existed. Romberg, who admits two kinds of aura, a sensitive and a muscular one, says that the sensitive aura, in some of his patients, consisted of a feeling of formication in the extremities of the fingers and toes, and in others a tickling sensation around the mouth (*loco cit.*, p. 674).

Herpin says (p. 421–422), that he partially believes that epilepsy has been cured permanently or temporarily, and that the fits have been prevented, by stretching the limbs, frictions, ligatures, section of nerves, cauterizations, extirpation of parts, amputations, &c. These facts are certainly in direct opposition to his theory, and he feels much embarrassed about them. He tries, nevertheless, to show that there is no contradiction between his doctrine and these facts. His reasoning in this respect can prove only one thing, which is, that almost all the successful modes of treatment above enumerated are very powerful to diminish or prevent a cramp. But Herpin does not show how or why the prevention of a cramp cures epilepsy. Certainly it ought neither to cure the disease, or even to prevent the fit, as, according to the theory, the cause of the fit is in the nervous centres, and the aura, or first cramp or convulsion, is nothing but one of the effects of this cause. Of course, a cause is not destroyed, or rendered unable to act, because one out of many of its effects is annihilated. Herpin, very likely, has been aware of this inefficiency of his theory, as he tries to show—1st, that besides cauterization, in some cases powerful remedies have been employed; 2d, that he considers as doubtful some of the cases

of cure by the extirpation of a tumor; 3d, that some operations have cured, for the same reason that fever and ague, typhoid fever, variola, &c., have.

I am surprised to find this last argument employed by Herpin, as there is nothing similar in the various operations performed for the cure of epilepsy, and these diseases. The alterations in the blood, and the changes in the nutrition of the nervous system which exist in these fevers may cure epilepsy, but in operations consisting in the application of a ligature round a limb, or in the section of a nerve, or in the extirpation of a tumor, there is nothing capable of altering materially the blood, and the nutrition of the nervous system. As to the other arguments of Herpin, they are valuable, but they apply only to a small number of cases.

It will be sufficient, I believe, to remind the reader of the cases of cure of epilepsy that I have given in a preceding section of this paper (see § IX). They prove peremptorily that the source of fits of epilepsy may be in the peripheric part of sensitive nerves. The fits were certainly due to an external cause of irritation in cases of epilepsy where they have been prevented by the following means:

1st. Application of a ligature around a limb or finger.
2d. Section of a nerve.
3d. Amputation of a limb, a finger, a toe, or the testicle.
4th. Extirpation of a tumor, a foreign body, or a tooth.
5th. Expulsion of worms, of calculi or other concretions.

Some other facts which I have mentioned in the beginning of § XI. show, in the most direct way, the possibility of the production of a fit by an irritation of the periphery of the sensitive nerves. Together with these facts, I might have spoken of a young man, observed by Zimmerman, and who had a fit of epilepsy every time he practised masturbation (Esquirol, *loco cit.*, p. 301). That an external irritation may cause fits is also proved, without any doubt, by the facts I have almost daily observed in animals for many years; facts described in the first part of these papers. It seems, even from what is observed in these animals, and from various circumstances observed in man, that when there is a cramp preceding a fit, the cramp is nothing but the first effect produced by the irritation of a sensitive nerve. Cramps in some of the muscles of the neck and face are sometimes the only effects of the excitation of the skin of the neck and face in my animals, and when a complete fit takes place, it is almost always preceded by the spasmodic contraction of these muscles. So that if we did not know that there had been an irritation of the skin, we might think that the first phenomenon was the

cramp of these facial and cervical muscles. In cases of wounds of a nerve, two diseases may follow, epilepsy or tetanus, but in these two cases the first convulsive phenomenon is a cramp in the muscles in the neighborhood of the wound. Many facts of this kind have been collected by Swan (*A Treatise on the Diseases and Injuries of the Nerves*, new edition) and Pfluger (*Die sensorischen Functionen des Ruckenmarkes*, 1853). If the wound was not known to exist in a case of epilepsy of this kind, the local cramp would be considered as the first phenomenon of the attack, while it is only a secondary one. Now, if, as I have tried to show in § XI., there may be an unfelt irritation in the periphery of sensitive nerves, causing fits of epilepsy, it is possible that in cases where a cramp in one or a few muscles is the only thing felt by the patient, the cramp is not the first phenomenon, but results from the irritation of sensitive nerves in its neighborhood. In cases where there is both pain in a part without muscles, and cramps in the neighboring muscles, it may be that the cramps are the result of the irritation of sensitive nerves, causing this pain.

We do not deny that the first cramp in epilepsy may be due to some direct or primitive irritation of the nervous centres, but we do not know any cases where there was, in the beginning of the fits, a local cramp, resulting from a secondary irritation of the nervous centres, *i. e.*, produced by a reflex action, due to the excitation of sensitive nerves near the muscles attacked with cramp.

Romberg says that there are two kinds of aura epileptica; a sensitive and a muscular one. The sensitive consists of various sensations, the muscular consists in a cramp (*loco cit.*, p. 674). This distinction is more apparent than real. If there are cases where cramps are not reflex movements, depending upon the irritation of a sensitive nerve, and in which they result from the direct excitation of some parts of the nervous centres, such cases ought to be distinguished from those where a cramp is connected with an aura epileptica. Besides, when this connection exists, *i. e.*, when either a felt or an unfelt irritation of a sensitive nerve causes a local cramp by a reflex action, before it produces the other phenomena of a fit, the cramp is only apparently an aura.

In reality, there is only one kind of aura epileptica, if we leave to this word the meaning which it has had for centuries, *i. e.*, a local sensation preceding a fit. This sensation in some cases exists without any cramp in the neighborhood of its starting-point.

In cases where the irritation of a sensitive nerve causes a fit

without being felt, there may exist a local cramp, but the name of aura cannot be given to this cramp, as it is only the first reflex manifestation of the preliminary irritation, the existence of which may be found out, as I have said, in § XI.—*Boston Medical and Surgical Journal.*

The Importance of Hemoptysis as a Sign of Pulmonary Phthisis. Read before the Academy of Sciences, by Dr. EDWARD DE LAMARE. (From the *Gazette Medicale.*)

All pathologists agree in regarding hemoptysis, or spitting of blood, as a symptom of the invasion of the pulmonary parenchyma by tubercles, which are deposited, not as has been advanced, in the pulmonary vesicles, but in the inter-areolar cellular tissue, not only of the lung, but also of the other organs. Although hemoptysis may be very frequently a sign of phthisis, there are cases, rare to be sure, yet undoubted, of idiopathic hemoptysis, which are not allied to any affection of the air-passages. M. Louis, in his treatise upon pulmonary phthisis, says that the cases of idiopathic hemoptysis are to those which depend upon phthisis as 1 is to 2,400, which is the same as to say that when an individual spits blood, there is little doubt that he is tuberculous. The experience resulting from my own observations, leads me to lay down this relation as 1 to 66; which still making phthisis the most usual condition, yet greatly enlarges the field of exceptions; for 66 : 2,400 : : 1 : 36$\frac{4}{6}$. Consequently, still maintaining the gravity of the prognosis after hemoptysis, my calculation, made from patients submitted to my observation, is 36 to 37 less unfavorable than that given by M. Louis.

In making these statistics I have rejected all doubtful cases, and have only admitted those as idiopathic hemoptysies which, dating back fifteen years, were neither preceded nor followed by a cough, even of a few days, nor by loss of flesh, nor loss of strength, in persons who had no hereditary tendency to phthisis, who were not subject to colds, and whose lungs, examined by myself fifteen years after the accident, by means of auscultation, were found perfectly healthy.

There is a difference between men and women as regards idiopathic hemoptysis. It is more frequent in women whose menstrual evacuations often, either suppressed or diminished, tend to be replaced by supplementary hæmorrhages; thus, while for the two sexes united the relation is as 1 to 66, it is as 1 to 132 for men, and as 1 to 33 for women.

I do not designate by hemoptysis, a few streaks or spots of

blood which one may eject with the sputa without being consumptive, but the expectoration of a considerable quantity of blood.

Independently of hemoptysies purely idiopathic, there are individuals who spit blood under the influence of a tuberculous disease, but in whom, however, this disease remains almost stationary, and in the latent state, while they are in good hygienic conditions. The individuals, it may be stated, give birth to children who ordinarily appear phthisical before they reach the age of their parents. It is evident that in this hereditary transmission, the intensity of the disease had increased a step.

As to the frequency of hemoptysies in pulmonary phthisis, the observation of facts prevent me from subscribing to the statement made in M. Louis work, that one-half of consumptives have hemoptysis, while the other half have none. The cases accompanied by spitting of blood, are more frequent than those in which this sign is absent. The relation is as 75 to 55. Finally, while idiopathic hemoptysis is more frequent in the female than in man, it is the contrary as to hemoptysis due to pulmonary phthisis. For instance, from 130 consumptives submitted to my observation, of which 65 were men and 65 women, 75 had spat blood, of which 45 were men and 35 women.—*Amer. Medical Monthly.*

Upon a Method of Treatment Preventive of Puerperal Fever. By M. PIEDAGNEL. (From the *Gazette Medicale.*)

M. Piedagnel communicated to the Academy of Sciences, Paris, in its sitting of Nov. 24, 1856, the following note upon a method of Treatment Preventive of Puerperal Fever:—During an epidemic of puerperal fever, at Paris, lying-in women were distributed through the various hospitals, and a certain number were received into the wards at Hotel Dieu, under the charge of M. Piedagnel. Conscious of the uncertainty of medication against this disease, M. Piedagnel thought it might not be impossible to prevent its occurrence, and forthwith endeavored to discover the means.

Knowing that quinine had often been employed with advantage in this disease, and that it prevented the access of pernicious intermittent fever, a disease usually more severe than puerperal fever, and recalling that during the cholera of 1853–54 he had obtained undoubted preventive results from its use; knowing also that iron, which has a positive action upon all the economy, has also been employed with advantage against puerperal fever, it seemed that by associating them good results

might accrue from their administration. But as puerperal fever ordinarily commences suddenly, and is not always preceded by any partial alteration, he thought the administration of these medicaments, which could not produce any injurious result, might be made before the appearance of the disease, when its irruption was feared.

The patients he received were well watched, and kept carefully clean. The windows of the wards were kept open almost all the time, even at night, when the weather would permit; fire was kept day and night in the stoves, so as to produce currents of air, and the treatment used was as follows:—

As soon as a woman entered the wards to lie-in, or if she had been delivered, she took two pills, each containing about one and a-half grains of quinine and fifteen grains of sub-carbonate of iron, and in the evening the same quantity; and as long as she remained in the hospital she took morning and evening the same dose, drinking linden-flower water and a bottle of Spa water. All the functions were watched and preserved as much as possible in their physiological integrity. This was the treatment in simple cases, but in those in whom the signs of the fever had become developed, the dose of the medicament was increased progressively each day as high as 5, 10, and 15 grains of the sulphate of quinine, and of a ʒj to a ʒiss of the iron. As soon as the symptoms became milder, the amount of the medicaments were reduced.

Of 94 women delivered under his care, one only died of puerperal fever contracted in his wards.—*Amer. Medical Monthly.*

Clinical Lecture on Paralysis. By Samuel Solly, Esq., Surgeon to St. Thomas's Hospital.

LECTURE I.

Gentlemen.—Two cases of paraplegia, or palsy of the lower half of the body, now under my care in this hospital, enable me to call your attention in this course of Clinical Lectures to the important subject of paralysis. Paralysis is a term much used out of the profession, and but little understood. It is employed by non-professional persons to designate a cause, not an effect. It is therefore possible that many of you, who are now only commencing your studies, still in the embryonic condition of medical pupilage, may have the same vague ideas of the meaning of the term, and none, I am sure, can know too much, think too deeply, or observe too closely, all that relates to the important subject. The practitioner who can diagnose correctly the causes of paralysis in its early states, will often save both

the life and the intellect of his patient; the man who mistakes it, often sacrifices both to his ignorance. The diagnosis and treatment of paralysis fall alike to the physician, the surgeon, and the general practitioner. Woe to you, my young friends, if you do not avail yourselves of the opportunities which the large wards of this noble hospital afford. In a clinical lecture, I shall not of course, enter into a minute disquisition on paralysis, but I must say a few words for the instruction of my younger hearers.

Paralysis may be general or local. Its proximate or immediate cause may be pressure on some portion of the nervous system, or disorganisation of it. The ultimate cause may be local violence, such as a fracture of the skull or the vertebral column, effusion of blood as in apoplexy, or a mere "coup de vent," or blast of cold air on the face, inducing facial paralysis or palsy of the portio dura. I have lately had two well-marked cases of local paralysis from a railway accident. In the one there was a deep lacerated wound above the eye, which divided the supra-orbital nerve, and the upper part of the forehead was quite numb; there was entire loss of sensation in that portion of the skin which is supplied in a normal state by that nerve. In the other case the auricular nerve, one of the sensory branches of the fifth, was torn through under the skin without any external wound; the skin covering that side of the head was devoid of sensation.

That form of blindness which the ophthalmic surgeon knows under the title of amaurosis, and the public by the name of gutta serena, is a palsy of the optic nerve, sometimes induced by pressure in the globe of the eye, sometimes by pressure on the nerve in its course from the brain, and sometimes by disease of the brain itself; and so I might continue for the next half hour to give you illustrations of individual forms of paralysis; but trusting that I have said enough to make you understand the meaning of the term, I shall advance at once to special instances of this disease, in the hope of assisting you to distinguish some of its most important and most frequently recurring forms. I wish to assist you especially to distinguish between paralysis arising from disease or injury of the spinal cord and that from disease or injury of the brain. Now, many of the older students will perhaps think this a most easy matter —that a man must be a fool who cannot do so at once—but I assure you that this is a mistake.

In the early stages of paralysis it is often by no means easy to do so. I have lately seen two cases in private practice, in which it was difficult to diagnose the seat of the disease. In

the one, a case of spinal paralysis, the disease presented so many of the characters of the general palsy of the insane, that a very intelligent practitioner was inclined to regard it as one of the instances of that sad and I believe irremediable disease. The other, which has since proved to be a complete case of cerebral palsy, was in its early stages supposed to be a true spinal affection. In the first case the patient is recovering; in the other he is sinking into a state of hopeless dementia. As I shall relate the first case at length, I will not say more about it at present. Of the case of general paralysis and dementia I will say a few words.

The subject of it is a man who was once as strong and as healthy as any one of you, but his business was an exciting one, requiring great energy, and tasking the brain to its utmost. In order to supply, and, as he believed, by necessity, the waste which his mental and bodily work created, he used to take a large quantity of wine, thus adding fuel to the fire which was kindled within him. I do not mean that he was intemperate in a worldly sense, for a man may take a great deal more of stimulants than is beneficial to his organization without exhibiting any signs of injury at the time; but of this be certain, that if you want to keep your brains in a state of healthful mental activity, you will take very little. The country gentleman and farmer of the old school might drink their wine, their brandy, and their beer with comparative impunity, for their brains were dormant, and these stimulants were the only stimulants their brains received; but woe to the man of intellect, the man who has to live by the sweat of his brain, if he attempts to supply by fermented liquors the loss occasioned by mental labour. He may feel better for a time, but he is sure to sink more rapidly in the end. There was another habit, also, in which my patient indulged, and which I cannot but regard as the curse of the present age. I mean smoking. Now, don't be frightened, my young friends, I am not going to give a sermon against smoking, that is not my business; but it is my business to point out to you all the various and insidious causes of general paralysis, and smoking is one of them. I know of no *single* vice which does so much harm as smoking. It is a snare and a delusion. It soothes the excited nervous system at the time, to render it more irritable and more feeble ultimately. It is like opium in that respect, and if you want to know all the wretchedness which this drug can produce, you should read the "Confessions of an Opium-eater." I can always distinguish by his complexion a man who smokes much, and the appearance which the fauces present is an unerring guide to the habits of such a man.

I believe that cases of general paralysis are more frequent in England than they used to be, and I suspect that smoking tobacco is one of the causes of that increase.

But I must not detain you any longer from the immediate subject of this clinique. The two cases now in the hospital that I am about to relate, from the notes of my dresser, Mr. Sprakeling, are both cases of spinal paralysis, the one induced by the pressure of an angular curvature of the dorsal portion of the vertebral canal, the other by a blow on the lumbar portion.

William W———, aged thirty-two, compositor, was admitted into Abraham's ward on the 17th of June, 1856. He is an unhealthy, strumous looking man, who states that he never noticed any projection or curvature of the spine till six months ago, but since that time has noticed it gradually coming on. (Let me here remark that this angular curvature is almost always a strumous disease, commencing in the cancellated structure of the bodies of the vertebræ. If you look at this preparation, you will see exactly how it occurs. The body of one or more of the vertebræ being absorbed, the bones above and below fall forward, so as to meet and supply the vacancy. If it were not for this arrangement, our patient's life would not be worth an hour's purchase; for the beautiful protective apparatus of the spinal cord being deficient, its delicate and soft substance would be torn in the first movement that was made. Instead of being slightly pressed, as at present, it would be divided. The angle of the back is the proof that the column is not separated in front.) About six weeks ago, he first began to be sensible of some alteration of temperature in the lower limbs, with numbness and occasional twitchings and rigidity of them. He then began to lose power in them, and for the last three weeks they have been totally paralyzed. At present, there appears to be an angular curvature of the spine in the dorsal region; he seems to have lost the use of the lower extremities entirely, but, with the exception of the feet there is no very perceptible coldness; he has, however, lost almost entirely the sensibility of them. There are occasional spasmodic twitchings and startings of the limbs, but there does not appear to be any tightness over the chest, or dyspnœa. The bowels are costive, but he has not lost control of the sphincters. He has, at times, some difficulty in micturating, with frequent desire to do so, but inability properly to empty his bladder. There appears at present considerable tympanitis, but no great distension of the bladder. His appetite is deficient; urine clear and unsedimentous; pulse 92, of considerable power; tongue clean. Ordered mercury with chalk, two grains every night. A moxa on each side of the spine.

(Believing that the cause of the paralysis in this case is the pressure caused by affusion into the canal at the seat of the angular curvature, I have ordered those remedies which I think are more likely to promote the absorption of the offending matter.) He has never injured the spine from a blow or a fall.

June 25. States that he has felt some tingling in the toes and foot, but there is no increase of sensibility in the paralyzed limbs. He is suffering from indigestion. Dyspeptic mixture, one ounce, to be taken twice a day.

27*th*. There seems to be a slight increase of sensibility in the left foot and leg. He suffers a good deal from tympanitis. The bowels are only relieved by aperients.

July 5. There is still a good deal of tympanitis, and he complains, and has complained for this last week, of pain in the right hypochondriac region, where there is some tenderness on pressure. The bowels are relaxed. There is a decided increase of sensation in both legs. Pulse small and feeble; tongue clean. Aspect rather improved, as also in his appetite.

11*th*. Complained on the 9th of a good deal of pain in the bowels and in the right hypochondrium. Ordered, iodide of mercury, half a grain, every night. To-day he seems somewhat relieved from the pain, but complains, of a good deal of general weakness. Pulse 84, weak; tongue clean.

19*th*. He does not complain of so much pain in the right hypochondrium or in the bowels. There has been no further improvement in sensation; there are dull aching pains now and then in the legs, with spasmodic startings of them. (I regard these aching pains as a favorable sign; they always precede the natural sensation in the part. I dare say that some of you who are working hard at your profession all day in the hospital have a nap afterwards, previous to commencing your evening work. Occasionally, one of your legs falls asleep, as the ordinary expression is, and it does not awake with the rest of the body. Your leg, in fact, is numb and powerless from pressure on the nerves, usually the popliteal. Now, you must all have remarked that before the natural sensation returns, a most unnatural and painful sensation precedes it—a tingling, or "pins and needles," as we call it. This, on a small scale, and acting very quickly in your persons, is identical with that which is going on more slowly, but I believe as surely, in this patient.) The tongue is clean. The moxa having healed, a fresh one was made to-day.

26*th*. He continues much the same.

31*st*. Much in the same state.

Aug. 3. The moxa repeated. Ordered mixed diet.

21*st*. He has improved but slightly. He states that he often feels pricking sensations and startings in the limbs. Sensation has slightly increased, but there is no power of locomotion. His bowels have lately been much confined, but he has experienced considerable relief, and has felt himself better, after an aperient taken yesterday. He states also that his appetite has much improved, and he feels altogether stronger since he has taken the cod-liver oil. Pulse 84, firmer.

26*th*. He thinks that sensation in his legs has further increased. Ordered, mercury with chalk, two grains every night.

Sept. 20. Repeat moxa. Compound rhubarb pill, five grains every night.

Oct. 8. Within this last fortnight he fancies that there has been a diminution of sensation. Up to this time the paralytic symptoms have remained much in the same state. At present, he has very little feeling in the right leg when touched, sensation appearing to be more perfect in the left. His general health, up to the last three or four days, has improved; he is now, however, complaining of being weak and low-spirited; pulse 76, small and weak; bowels are now confined. To take, iodide of mercury, half a grain, every night.

14*th*. The paralytic symptoms remain much in the same state. Sensation varies a good deal, being more perfect on one day than on another, but the power of locomotion has not increased. He is often troubled to retain his urine. The state of the bowels varies, being sometimes relaxed, and sometimes confined; pulse small and weak.

Nov. 7. Still improving.

I have very great hopes that this man will perfectly recover. It may require some faith on your part to believe me when I say that those limbs which are now so senseless and motionless will again support his body, obey his commands, and be recognized again by their sensation as a part of his living structure. I have seen and published the recovery of cases quite as unpromising as this. It may take some months yet to accomplish it, but happily, in a hospital, we are not liable to be cut off in our course of treatment by the impatience of the patient or his friends.

In the next case we shall find the improvement more rapid.

Eleanor V———, aged fifty, housekeeper, admitted into Queen's Ward, August 19th, 1856. She is a hearty, strong woman, of florid complexion, who states that she has occasionally suffered from rheumatism, and had an attack of fever twelve years ago, but, with these exceptions, had always enjoyed good health up to her present illness. She states that her

mother and three sisters died consumptive, but her father was always a healthy man, and died at the age of seventy-three years. She ascribes her present condition to a fall she had down-stairs two years ago, whereby she hurt "the lower part of her part." Directly after this fall she felt total loss of power in the legs, with numbness, which lasted about an hour, after which she was able to get up and walk about. Soon afterwards, however, she noticed great coldness of the lower extremities, with loss of power in them, which symptoms have gradually increased up to the present time. There is now some coldness of the feet, but not of the legs. There is great loss of power in the legs, and a considerable loss of sensation, but no numbness. She can walk, but is obliged to be supported to prevent her falling. She suffers also from startings and prickings in the legs, and when she moves them, she states that she feels pain in the back. There is no abnornal curvature or malformation of the spine, but she experiences considerable pain when the second or third lower lumbar vertebræ are struck. There is slight incontinence of urine, but her bowels are regular. Her general health and assimilative powers are good. Pulse 120; tongue slightly coated; she has occasional rigors. There is a small ulcer on the left leg, about the size of a sixpence, with a broad red circumference. She was ordered to take two grains of calomel and half a grain of opium every night. Moxa to be made on the side of the spine; water dressing to be applied to the ulcer.

Aug. 27. She thinks that she can move her legs better, and sensation in them has increased; her gums are sore from the mercury. Omit pill.

Sept. 3. She has been gradually improving. She can now stand up for a considerable time, and without pain. The issue continues to discharge well. She says she feels herself getting stronger, and can walk from one end of the ward to the other without support. Bowels regular; tongue clean; pulse 98, tolerably firm; appetite good.

11*th*. Still improving. The sensation in her legs has returned perfectly within the last three days, and she can stand up for a longer time than she could. Appetite good; bowels regular.

13*th*. She says that she can feel a sensible improvement in herself every day. Yesterday she could stand up for a much longer time than usual. She is very comfortable and cheerful.

19*th*. Improving daily. Yesterday she was able to walk to the end of the ward and back again without any assistance. Feels very well, but rather weak.

24*th* (Wednesday). Last Saturday she began to sit up all

day, and has continued to do so till the present time; but she is not so well to-day, and is weaker in the limbs. She was ordered to keep her bed again, to have another issue made in her back, and to take an ounce and a half of iodine mixture twice a day.

30*th*. Much the same. She has not been out of bed since the issue was made, and feels out of health from having caught cold. Tongue rather furred; bowels regular. Ordered one grain of iodide of mercury and half a grain of opium every night.

Oct. 7. She has recovered from the cold, and feels considerably better. Tongue cleaner.

13*th*. The gums are now swollen and tender. She can now raise her legs up in bed, whilst lying in the recumbent position, which she was unable to do on her admission. She also, this morning, walked across the ward without assistance. She is now able to retain the urine, and the bowels act regularly. Sensation in the legs is perfect. She is not troubled with prickings or startings in the legs now. Pulse full; appetite good.

One peculiarity in this case—and it is a peculiarity of great importance in a practical point of view—is the length of time which elapsed between the occurrence of the injury and the paralytic symptoms—nearly two years. Let this fact warn you, when you are engaged in private practice, to give a very guarded prognosis of the consequences which may ensue from a blow on the spine, and let it remind you to inquire particularly as to the antecedents in a case of paraplegia, where the causes are obscure and the diagnosis consequently difficult. This again brings to my mind the case that I referred to at the commencement of the lecture, and which I wish to relate to you in connection with this subject; but I find by the time which has elapsed I must reserve it for another time.—*Lancet*, Dec. 13, 1856.

BOOK NOTICES.

Medical Notes and Reflections. By Sir Henry Holland, Bart., M.D. F.R.S., &c., &c. First American from the Third London Edition. Blanchard and Lea, Publishers.

This work comes to us in fine style, being plainly printed on excellent paper and nicely bound. It is a good sized volume containing nearly five hundred pages, divided into thirty-one

chapters. Each chapter comprises the consideration of a different subject, making the work one of varied and extensive limit, and no definite idea of its contents can be conveyed by any written notice such as our limit will admit. In the preface to the Third Edition, he says, 'The earlier part of the volume will be found to relate chiefly to certain pathological principles, through which I have sought to associate together various morbid conditions, not usually thus connected in our systems of nosology. This method of inquiry, which I believe to conduct to many valuable results, I have further carried into the consideration of some particular disorders (Gout, Influenza, Dyspepsia. &c.), which at once illustrate the method in question, and are themselves best illustrated by it. The chapters comprised in the latter half of the volume relate more especially to the treatment of disease; including under this term not solely the consideration of particular medicines or remedial means, but also the methods in practice which a physician may expediently follow, and the duties he is bound to fulfil.'

The subjects discussed in the first fifteen chapters are as follows:—I. Medical Evidence; II. On Hereditary Diseases; III. Methods of Inquiry as to Contagion; IV. On diseases commonly occurring but once in Life; V. On the Connection and Classification of certain Diseases; VI. On Disturbed balance of Circulation, and Metastasis of Disease; VII. On the Influence of Weather in relation to Disease; VIII. On Diet and Disorders of Digestion; IX. On Gout as a Constitutional Disorder; X. On Morbid Actions of Intermittent Kinds; XI. On the Medical Treatment of Old Age; XII. On the Epidemic Influenzas of late Years; XIII. On Prognosis as a part of Practice; XIV. On Pain as a Symptom of Disease; XV. On Points where a Patient may Judge for Himself. The consideration of each of these subjects is interesting and instructive. His reasoning is plain, and rests on a basis of close and careful observation, made without any pre-conceived opinion or theory to substantiate by false experience. Chap. XIII. 'On Prognosis as a part of Practice," he closes by saying: "With all admission of exceptions, however, the rule by which the medical man may best abide, is that of adherence to what he believes to be

true; and I repeat my belief that the likelihood of evil or injury from this source is far less than common apprehension makes it. Suspicion of a painful truth often disturbs much more than the truth plainly stated; and glosses of speech generally end in impairing the confidence which it is so essential should be maintained. These considerations will not appear frivolous to those who rightly estimate the dignity of the medical profession. They are especially needful to the young practitioner, whose course in this stage is beset with difficulties, under which many give way—capable of being removed only by a principal of conduct, and by good faith and firmness in sustaining it.'

The last sixteen chapters comprise the following subjects:—XVI. On Methods of Prescription; XVII. On Internal Hemorrhages and Morbid Secretions as the Subjects of Medical Treatment; XVIII. On some supposed Diseases of the Spine; XIX. On Hypochondriasis; XX. On the Exercise of Respiration; XXI. On some Points in the Pathology of the Colon; XXII. On the Action of Purgative Medicines; XXIII. On Bleeding in Affections of the Brain; XXIV. On the Use of Emetics; XXV. On the Use of Diluents; XXVI. On Sudorific Medicines; XXVII. On the Use of Opiates; XXVIII. On Mercurial Medicines; XXIX. On the Use of Digitalis; XXX. On Antimonial Medicines; XXXI. On the Hypothesis of Animalcule Life as a Cause of Disease—On Cholera—Conclusion.

The consideration of these subjects relate more particularly to the general treatment of disease, and the suggestions are made in a modest, unassuming manner, carrying force and reason with them. He has taken special pains throughout to make a plain distinction between ascertained facts and mere theoretical presumption; and whenever any conclusion is drawn from the latter, he has been cautious not to either convict himself or lead others to any definite result; he has rather sought to 'lead the way' for subsequent inquiries, and leave all questions open for further investigation. The last chapter 'On Animalcule Life as a Cause of Disease,' is one of peculiar interest. In the preface, he says: 'I have placed it at the end of the volume, as being in some measure detached by its more hypothetical

character from the other subjects of which I have treated.' At the commencement of the chapter, he gives us to distinctly understand, that 'he is only defending an hypothesis in which the proof is one of presumption only.' And further on, he says: 'I have met with no opinion as to the causes and mode of propagation of the Epidemic Cholera, which can be considered to afford even plausible explanation of the facts; and in putting to trial the capability of another hypothesis to solve the phenomena of the disease, we are but seeking, by comparison of difficulties, to attain the conclusion which is least liable to them.' The reasoning of this chapter is throughout, fair and plainly open for discussion. His object is seemingly rather to provoke attention, and call out further research, than to force any conclusion on the reader. His ideas throughout the whole work are mainly original, and founded on extensive experience. We bespeak for it a liberal patronage, such as its merits may duly claim. G. K. A.

Transactions of the Medical Society of the State of New York. Published at Albany, Feb., 1857.

This is a volume of 292 pages, printed for the Society by the Legislature of the State of New York.

Its contents are of more than usual interest as they embrace the Proceedings of the Semi-Centennial Anniversary of the Society; fifty years having elapsed since its first organization. A large part of the volume is occupied by biographical sketches of physicians who lived and held prominent positions in the profession during the early part of the present century.

There is also a paper of some interest on Cholera Infantum and Cholera Morbus, by Dr. Ed. H. Parker, of New York city. But the paper which we read with most pleasure, was the Semi-Centennial Address by Dr. Alden March, the eminent professor of Surgery in the Albany Medical College. The whole address is appropriate in sentiment, and contains many passages of genuine eloquence and beauty. For the special benefit of such as are desponding, and disposed to esteem lightly the profession to which they belong, we quote a few of the concluding pages of the Address:—

"Formerly, towards the middle of the last century, fifty or sixty out of every hundred children born in London, died before they had reached their fifth year of age; but the mortality has gradually and steadily diminished, so that now not above thirty or thirty-five in every hundred die at that early period."

'At the present time there are more than 600,000 children born annually in Great Britain. According to the above scale of mortality, more than 300,000 of these would have perished formerly before they were five years old; now only about 200,000 die during the first five years of life: thus showing a saving of human life in this item alone, in the population of the British Isles, to the extent of at least 100,000 a year.

'By reference to the tables of "Vital Statistics," we farther learn, "that in the latter part of the sixteenth century one-half of all who were born died under five years of age; the average longevity of the whole population was but eighteen years. In the seventeenth century one-half of the population died under twelve years of age. But in the first sixty years of the eighteenth century one-half of the population lived over twenty-seven years. In the latter forty years one-half exceeded thirty-four years of age. At the beginning of the present century one-half exceeded forty years; and from 1838 to 1845 one-half exceeded forty-three years. The average longevity at these successive periods has been increased from 18 years in the sixteenth century, up to 43 7-10 by the last reports."

'There are certain classes of moral as well as physical defects and derangements that have of late years, and I am quite certain within the last half century, in this country at least, attracted the attention of the humane physician. And I think we may say with confidence and with pride, that no class of men, professional or otherwise, have done more to ameliorate the moral and physical condition of the unfortunate, the poor and degraded, and to aid the cause of religion, than our profession.

'Fifty years ago where were our medical and surgical hospitals, our houses of correction for juvenile delinquents, our insane hospitals, our asylums for the deaf and dumb, our retreat for the idiot, and, as is now contemplated, a refuge for the poor, besotted inebriate? My sensitive and sympathising audience hardly need to be excited with the recital of the dark picture of

the condition of the unfortunate and unhappy maniac, previous to the commencement of the present century. Then his habitation was either a dark, narrow cell, or a cage; he was secured by a straight jacket, or manacled and chained with as much unfeeling severity as a galley slave; his treatment was starvation and filth, stripes and bruises, scorn and hatred. Now, the body and mind are cared for and scientifically treated. All these benevolent and praiseworthy institutions are under the superintendence of kind-hearted physicians.

'Let us next devote a few moments to the consideration of the agencies that have been employed during the last half century in enlarging the field of medical knowledge.

'At the present time, colleges and schools devoted to medical instruction, and hospitals managed by physicians and surgeons, afford the chief means for educating young men in the practice of physic and surgery.

'In 1807 there were not half-a-dozen medical schools in the United States; nor scarcely a greater number of hospitals. Now there are about forty medical colleges or associations where medicine and surgery are taught; and it is probable that there are twice that number of hospitals scattered through the cities and large towns of the United States.

'The names and dates of the organization of the five oldest medical institutions in this country are the following, viz: The Medical Department of the University of Pennsylvania was established in 1765. The College of Physicians and Surgeons of the city of New York was instituted 1768, in connection with Columbia College, and in 1807 obtained an independent charter. The Medical School of Boston, Mass., now the Medical Department of Harvard University, was organized in 1782. The Medical Department of Dartmouth College, in 1798; and the University of Maryland, Baltimore, in 1807.

'When our medical colleges or schools were limited to five, and the hospitals of this country but a little more numerous; when the whole apparatus, chemicals, and chemical tests of the chemist's laboratory could be almost packed in a bushel; when the anatomical museum of a college consisted of two or three smoky skeletons, a handful of disjointed bones, and a few coarsely injected preparations; and when a pathological cabinet was not known in our country: it requires no very great stretch of the imagination to draw the contrast between the advantage of 1807 and those of 1857, for obtaining a thorough practical medical education.

'We are now prepared to ask the question, what agency do medical societies exert in advancing and improving medical

science? If the act to incorporate medical societies had been made to read, "for the purpose of extending and improving medical science," instead of simply, "for the purpose of regulating the practice of physic and surgery," it would have been more in conformity to the spirit and practical working of our society as it is now organized.

'In addressing the Medico-Chirurgical Society of Edinburgh, on the modern advancement of physic, Prof. Simpson says, "I believe that at the present time there exists but one opinion in relation to the fact, that the study of medicine, like the study of other departments of practical science and art, has been vastly promoted by associations like our own."

'Prof. Wood, late President of the American Medical Association, in his address before that body, in speaking of the tendency of the profession to become indolent, careless, and mercenary in protecting the best interests of the profession, says: "The medical mind, anterior to the birth of this association, was in a state of comparative inertia. In all the departments of the profession, the educational as well as the practical, material interests began to preponderate. The great struggle seemed to be in the teaching department to gather pupils; in the practical to gather patients: in both, to swell the pockets. No wonder that quackery loomed upwards, as regular medicine began to sink." He adds: "But the association arose, and a new spirit was awakened. Many had been watching this apparent abasement of the profession with sorrow; but they were powerless in their isolation. No sooner had the flag of the association been given to the breeze, than they hastened to join its standard. From all quarters and from the remotest bounds of the country, volunteers poured in to join this great crusade against the evils which had been usurping the sacred places of the profession. The mass of medical society was moved to its very depth. Hundreds upon hundreds came forth from their sheltering privacy, and threw their souls into the grand movement which was to conquer, to purify, and regenerate the prostrated glory of their calling. The feeble voice of opposition was heard for a moment; but it was soon drowned in the overwhelming shouts of the masses crying out, Onward! Onward!"

'Those who felt but little confidence in the anticipated good that was to arise from the organization of the American Medical Association, either to the public or to the profession, must acknowledge that a new impulse has been given to the science of medicine in this country since it was founded. And the glory of starting the ball is due to the State of New York—to this society; and almost entirely to the untired exertions of

Prof. N. S. Davis, now of Chicago, in the call of a convention, suggested by the writer, out of which the association grew. It appears on record that Dr. Hays, of Philadelphia, first suggested the idea of instituting a "National Medical Association;" and that the honor of submitting the plan for the permanent organization of the "American Medical Association," is due to John Watson, M.D., of New York, chairman of the committee of organization.

'Well may we be proud, not only of our own society and its achievements in literature and science, but also of the agency it has had in promoting the *national* prosperity of our noble profession. Let us then continue to act honestly and faithfully in the discharge of our professional duties to each other, and to the public, even if our motives should be impugned or fail to be properly appreciated. We may meet with discouragement, neglect and insult, but let us not weary in well doing.

'The storms and tempests of quackery may assault the citadel of the science of medicine and surgery. The good, old, and well-tried ship "Regular," commanded by officers and recruits of the orthodox profession of medicine, may be tossed and veered about by the popular "isms" of the day—nay, she may occasionally lose a *spar*, or receive a *breach* of continuity in some of her light cordage: yet her mainmast stands erect; without *fracture* of her beams, without *dislocation* of her helm, and with a hull as sound and as safe as on the day she was launched. She still floats on the sea of "Confidence," and even though she may now and then be threatened with a mutiny among some of her undisciplined recruits, yet we find the captain in command, the pilot at his post, the helmsman on duty, and the watchman at mast head, warning us of approaching danger.

'Rapid and imperfect as has been our sketch of the past, may we not see enough in it to fill us with high and encouraging hopes for the future? And, as we look forward through the vista of another half century, may we not confidently hope that our successors will be able, in their turn, to leave upon record an account of far greater and more numerous achievements in the arts and sciences and advancements in our profession, than has been our privilege to record.

'Our social relations, and the kindly feelings our annual re-unions are calculated to promote, are well fitted to exert a happy influence on our hearts, and to inspire confidence in and respect for each other.

'Let these sentiments be cherished, and whether it shall be our lot again to meet here, or hereafter, may it be one of serene and unalloyed enjoyment.'

MEDICAL INTELLIGENCE.

Proceedings of the Cook Co. Med. Society, at the Monthly Meeting on the first Tuesday in March, 1857. *Diseases of the Heart and Pericardium.*

The Society met at the residence of Dr. W. W. Allport. After reading the minutes of the previous meeting and the election of new members, Dr. N. S. Davis reported three cases of Cardiac disease, and presented to the Society a very interesting pathological specimen.

Case I.—M. B———, a German, aged about 25 years, a laborer, was admitted to the medical wards of the Mercy Hospital with severe symptoms of Acute Rheumatism. He had been attacked with the disease two weeks previous to his admission.

At the time he was brought under my care, his skin was hot; tongue covered with a white fur and dry; pulse 110 per minute and firm under pressure; nearly all the articulations both in the upper and lower extremities, were moderately swollen and slightly red; his position was dorsal and fixed. The patient complained of much thirst, and constant pain in his dorsal spine of a very severe character, with paroxysms of excruciating pain in both lower extremities. The slightest motion, or even a moderate jar of the bedstead would cause him to cry out with pain. There seemed to be a morbid increase of sensibility throughout the whole cutaneous surface. Percussion did not indicate cardiac dulness over a larger space than natural; but the impulse of the heart was quick, the first sound loud and ringing, though without distinct valvular roughness or murmurs; and it was accompanied by a plain pericardial friction sound a little below and between the nipple and the sternum. The phenomena of this case plainly indicate not merely acute articular rheumatism, but in addition thereto an unusual irritation of the central portion of the spinal system of nerves, and active pericarditis. The first is indicated by the severe pain in the spine, the intense suffering occasioned by motion or even jarring of the bed, and the general morbid sensibility of the whole system. The special seat of this irritation is probably the fibrous sheaths of the

nerves at their exit from the spinal canal; and is of the same nature with the rheumatic inflammation in the extremities. The pericarditis is indicated with still greater certainty by the physical signs; and from the continuance of the *friction* sound without any material increase in the extent of the cardiac dulness, we may infer that the pericardial inflammation is still in its first stage unattended by serous effusion. If such was the pathological condition of the patient at that time it is easy to see the tendency to certain changes of importance during the further progress of the case: of these, effusions, either plastic or serous, are of chief importance. The first will be most apt to occur in the fibrous tissues surrounding the joints, and the latter in the cavity of the pericardium. Hence the indications for treatment were three-fold, viz.: 1st, To mitigate the sufferings of the patient by anodynes; 2nd, To arrest the local inflammatory actions; and 3d, To prevent, or at least to limit very much the resulting effusions.

To accomplish these purposes, the patient was directed to take the following, viz.:—

℞—Sat. Tinct. Verat. Viride, . . ℥j.
Vin. Colchici. . . . . ℥ss.
Tinct. Opii et Camph. . . . ℥jss.

Mix, and take one teaspoonful every four hours in sweetened water.

℞—Sub. Murias Hydrarg, . . 12grs.
Pulv. Doveri, ... ʒij.
Nit. Potassa, ... ʒij.

Mix, and divide into 6 powders. Take one between each time of taking the veratrum mixture. At the end of twenty-four hours after commencing these remedies, the febrile action was much reduced. The pulse was 80 per minute, and soft; the skin covered with perspiration; the pains, though still considerable, were much less than on the day previous. But the colchicum and veratrum mixture operated too freely on the bowels, and the former was omitted.

On the third day after admission the pericardial friction sound ceased, but the extent of dulness was much increased, the beathing was short and oppressed, and the impulse and sounds of the

heart appeared more distant from the ear. It was evident that serous effusion had taken place into the pericardial sac.

The patient continued the use of alterative doses of mercurials in conjunction with anodynes and sedatives, blisters to the chest and spine, and alkaline drinks, until the gums showed a slight influence from the mercurial, when it was omitted and the other remedies continued, with the addition of a full dose of opium, quinine, and nitrate of potassa every night at bedtime. In two weeks the external or articular pains and inflammation had ceased; the indications of serous effusion had also disappeared, and a modified *friction* sound was again audible. At the end of the third week the patient had so far recovered as to leave the hospital.

Case II.—The second case was an Irish laborer, aged 25 years.

He had had acute or sub-acute rheumatism about three years previous, from which he apparently recovered in two or three months. During the last eighteen months he has been troubled with shortness of breath, inability to take active exercise, dull pain in the cardiac region, uneasiness, and disposition to cough on assuming the recumbent posture, and at times palpitations of the heart. At the time of his admission to the hospital, he had no fever or rheumatic pains, and his nutrition was good. But, in addition to the symptoms above-named, his pulse was strong, full, and ninety per minute; the impulse of the heart forcible, giving an unusual motion to the walls of the chest. Percussion showed a decided cardiac dulness over a larger space than normal; and auscultation revealed a loud, rough, or rasping bellows murmur over the base of the heart, without any interval between the first and second sound. It was evident that this case, which doubtless in the beginning was simple rheumatic endocarditis, now consisted in permanent thickening of the valves of the aorta with much hypertrophy of the ventricles. From the length of time which had elapsed since its commencement, there could be little doubt but the changes in the structure of the heart had become organic and incurable. Still much might be done to ameliorate the condition of the patient and prolong life by the judicious use of sedatives, to

lessen the violence of the heart's action and thereby retard the abnormal growth, and by carefully avoiding all excitement, either mental or physical. We gave the patient saturated tincture of veratrum viride in doses of four drops, with spts. nit. dulc. and water every four hours; and three times a-day one of the following pills, viz.:—

℞—Acetas Plumbi, . .	20grs.
Pulv. Digitalis Leaves,	20grs.
Pillulæ Hydrarg. .	20grs.

Mix and divide into 20 pills.

Under this treatment the heart's action was much diminished, the patient could assume the recumbent posture with much less inconvenience, and at the end of three weeks felt so much more comfortable that he left the hospital; though the physical signs of valvular disease and hypertrophy still continued with but little change.

Case III.—A German, aged 20 years; had been sick more or less for six or seven years. He was somewhat emaciated; extremities cool; skin, especially on the cheeks and prolabia, of dark veinous or purplish color; the breathing oppressed and difficult; frequent cough, with some purulent expectoration; pulse one hundred per minute, quick, but soft; bowels regular; appetite much impaired; and incapable of any muscular exertion. Percussion showed marked dulness over nearly the whole of the left side of the chest, from the clavicle to the diaphragm, and from the sternum to the spine; but there was no apparent enlargement of that side. Auscultation gave cavernous respiration and voice in the infra-clavicular region of left side, and a loud, sub-crepitant ronchus over nearly all the rest of the left lung. The impulse of the heart was quick but weak, and accompanied by a loud, rasping, valvular murmur, with slight regurgitation. The pulmonary circulation in this patient was extremely feeble, the slightest exertion, or the depressing influence of a cathartic would cause great exhaustion with complete cyanosis.

Diagnosis—Thickening of the aortic valves and hypertrophy of the heart, with dilitation, and extensive tubercular disease of the left lung.

This patient was rendered much more comfortable, and his blood more perfectly arterialized by a solution of common salt, quinine, and morphine, in such proportion that he took fifteen grains of the first, one grain of the second, and a quarter of a grain of the third every four hours. After remaining in the hospital about four weeks, he died suddenly in the night. A *post mortem* examination showed tubercular deposits in both lungs, with a large cavity at the apex of the left. The heart was enlarged to twice the normal size, as members of the Society may see by examining it, which I hold in my hand. The pericardium is closely adherent throughout its whole extent to the heart by false membrane of old formation; the left ventricle is greatly dilated and its walls thick, and both the semilunar and mitral valves are very much thickened and almost of a cartilaginous hardness; the right ventricle is of normal size and valves healthy, but its walls are atrophied in a marked degree.

The foregoing report is made up from notes of clinical lectures given to the class attending the hospital during the winter term of Rush Medical College. The cases were freely and repeatedly examined by the class, and also the morbid specimens from Case III.

Proceedings of the De Witt County Medical Society.

The Society met in annual session at the Court House, in Clinton, April 6th, 1857. The President, Dr. C. Goodbrake, in the chair.

On motion of Dr. Z. H. Madden, Dr. Harrison Noble, of Randolph's Grove, and Dr. Thos. P. Rogers, of Bloomington, who were present, were invited to participate in the proceedings of the meeting.

The Censors having reported favorably, on the application of John McHugh, M.D. he was, on motion of Dr. Edmiston, duly elected a member of this Society.

On motion, the Society then proceeded to the election of Officers for the ensuing year, which resulted as follows:—

Dr. Wm. W. Adams, *President.*

Dr. Evan Richards, *Vice-President.*

Dr. CHR. GOODBRAKE, *Secretary.*

Dr. THOMAS K. EDMISTON, *Treasurer.*

Dr. John Wright, Dr. E. Richards, Dr. Z. H. Madden, *Censors.*

Dr. Z. H. Madden and Dr. Christopher Goodbrake were elected delegates to the Illinois State Medical Society.

Dr. John McHugh, and Dr. B. S. Lewis were elected delegates to American Medical Association.

The retiring President then delivered his valedictory, which was listened to with marked attention by the members of the Society, and some of the citizens who had collected in the Court Room, in accordance with a public invitation.

Dr. W. W. Adams, President elect, then took the chair, and made a few very appropriate remarks, which were well received by the Society.

On motion of Dr. John McHugh, the following resolution was unanimously adopted:—

Resolved, That the thanks of this Society are due, and are hereby tendered, to Dr. Christopher Goodbrake, for his very able valedictory address. That the Doctor be requested to furnish a copy of his address; and that the Secretary be ordered to send it to the Editor of the *North-Western Medical and Surgical Journal*, with the request to publish the same.

On motion of Dr. Edmiston, Dr. Robert H. Brown, formerly a member of this Society, but now a citizen of Middletown Champaign County, was unanimously elected an Honorary Member of this Society.

The President appointed Dr. Z. H. Madden and Dr. John McHugh to write each an essay to be read before the Society at its next meeting.

Drs. Wright, McHugh and Goodbrake, were appointed a Committee on Publication.

Drs. Madden, Richards and Edmiston, were appointed a Committee on Prize Essays.

On motion of Dr. Madden, the following resolution was adopted:—

Resolved, That, hereafter the members of this Society will consider their fees due as soon as services are rendered. This

resolution not to interfere with the right of the physician to extend the time for payment or settlement as long as he may deem proper.

The reading of essays being in order, Dr. Thos. K. Edmiston read an ably-written essay on the 'Pathology and Treatment of Typhoid Fever.' The essay called forth quite an interesting debate, in which Drs. Noble, Rogers, Richards, McHugh, Edmiston, and Goodbrake participated.

During the debate, the merits of nitric acid and strychnia, in some of the last stages of the disease, were discussed.

Dr. Noble gave the history of a very peculiar case of typhoid fever, which came under his treatment. The patient was a man about fifty years old, of good constitution, did not get very *sick* at any one time for the first two weeks. The pulse, *during the whole period of the disease*, remaining below the healthy standard. At no one time did it exceed 60 beats in the minute; most of the time only 50 beats per minute. The Dr. had known the patient well for several years—his pulse when in health beats 75 to 80 in a minute. The patient felt 'rather indisposed than sick'—not sick enough to keep his bed; told the Dr. that if it were not for his *indisposition* to move, he thought he would be able to go about the farm. This state of things lasted two weeks, when the Dr. was suddenly summoned to attend his patient; found him laboring under a profuse passive hemorrhage from the bowels—the patient sinking rapidly. The Dr. treated the case with large doses of dilut. nitric acid, which had the happy effect of saving his patient.

Dr. N. stated that he had found the nitric acid, in connection with turpentine, to be a very effectual remedy to arrest passive hemorrhage from the bowels, he having administered it in several almost hopeless cases, with very happy results.

Dr. T. P. Rogers also expressed great confidence in nitric acid to arrest hemorrhage occurring in the advanced stages of typhoid fever.

Dr. Edmiston combined the nitric acid with strychnia, in the following proportions—Strychnia gr. j. Nitric Acid ʒj. Tr. Opii ʒij. Aqua ℥ij. He thought that with this mixture and the turpentine emulsion, he had saved several patients who would

otherwise have inevitably died. The Dr. mentioned several cases to illustrate the grounds upon which he made up his opinion.

Dr. McHugh wished to know the *modus operandi* of nitric acid and strychnia, in cases such as had been referred to. He was in the habit of treating such cases with sugar of lead and opium, with good success.

Dr. Goodbrake gave his views of the pathological condition, in the advanced stages of typhoid fever, and could very readily perceive why it was that the administration of nitric acid or the strychnine mixture should be attended with great benefit in the cases referred to by the gentlemen.

The discussion was continued until late in the evening, when,

On motion of Dr. McHugh, it was ordered that the proceedings of this meeting be published in the *North-Western Medical and Surgical Journal*, and

On motion of Dr. Richards, the Society adjourned to meet in quarterly session at Wapello, on the first Monday in July next, at 10 o'clock, A.M.

W. W. ADAMS, *President.*

C. GOODBRAKE, *Secretary.*

Illinois State Medical Society.

H. NOBLE, M.D., McLean County, *President.*

C. N. ANDREWS, M.D., Rockford; F. R. PAYNE, M.D., Marshall; S. T. TROWBRIDGE, M.D., Decatur — *Committee of Practical Medicine.*

Sir,—The Committee of Practical Medicine of the Illinois State Medical Society are required by the Constitution of the Society to report annually "The more important improvements effected in this State in the management of individual diseases; and on the progress of epidemics, referring as occasion requires to Medical Topography and to the character of prevailing diseases in special localities." To enable the Committee to discharge this important duty, they respectfully ask your assistance in furnishing the information necessary for such a report. Answers to the following questions, or to any of them, forwarded to Rockford, directed to the Chairman of the Committee, by the 15th of May, will be thankfully received and properly credited.

For the purpose of continuing the very interesting and profit-

able discussion on the subject of Fever, which has taken place at the last two or three Annual Meetings of the Society, a few interrogatories relating specially to important points connected with the subject have been presented. And the Chairman of the Committee, having had occasion to note some observations, which, so far as they go, seem to show that children are not as liable to have Croup after having the Measles as before, and also that the membranous substance found lining the air passages in fatal cases of Croup, is not the result of any peculiar, pre-existing inflammation of the parts to which it is directly attached, but that it may be produced by severe and continued Dyspnœa from any cause situated within the Larynx, has also added a few interrogatories relating to these subjects:—

What has been the prevailing diseases in your neighborhood within the past year?

What was the season of their occurrence, and what the meteorological conditions at the time?

Was there anything peculiar in the character of those diseases?

What treatment appeared to be most successful?

Have any of the ordinary forms of Fever prevailed in your locality?

Do you give Quinine in the remitting or continued forms of Fever, either with the view of arresting their progress, or for the purpose of changing any usual or occasional conditions of the nervous or vascular system which occur in these forms of Fever? If so, please state your practice.

Have you observed any individual constitutional peculiarities, or any peculiar diathesis, in which Quinine cannot safely be resorted to as a febrifuge?

Have you observed that certain conditions of the brain in Fever contra-indicate the use of Quinine? If so, what are those conditions? by what symptoms do you recognize them? and what are the pernicious effects of Quinine when given when they are present?

Do you give mercury in Fever? If so, please state what indications you wish to answer in its use, and what symptoms or conditions indicate or contra-indicate its use.

Do you give Opium as a direct curative agent in Fevers? If so, what symptoms indicate its use? and by what rules are you governed in its administration?

Do you ever bleed in Fevers? If so, to answer what indication?

Do you ever attempt to arrest the progress of Fevers by the use of Emetics? If so, please state your method of using them, your precautions in their use, and what, in your opinion, is the *modus operandi* of their curative effect.

If you have any other methods of arresting the progress of Fever, not referred to above, please state them.

What vital organs have you observed to suffer most frequently in Fevers? and what has been the nature of these 'local complications,' and what their comparative effect upon the termination of the cases in which they have occurred?

Where, in your opinion, does 'death begin' in fatal cases of Fever? In other words, what vital functions usually first fail in Fevers, and what is the more usual immediate cause of death?

Did you ever know a case of Fever to terminate fatally in which there was not an evident destruction of some vital function, the result of local disease of some kind, which was the immediate cause of such fatal termination?

Have any children, in your knowledge, had well marked Croup, (as distinguished from Laryngitis, Edema of the Larynx, Spasmodic Croup, Ulceration of the Fauces and Larynx, with granular crusts or exudations, such as sometimes occurs in Scarlatina and Measles, producing Croupy symptoms,) who had previously had Measles, and if so, what proportion of cases proved fatal?

Have you any facts bearing upon the question that the membranous exudation or secretion seen in fatal cases of Croup, lining the air passages, is not the result of any primary inflammation of the Bronchial Membrane, but that it is produced after severe Dyspnœa— commences from some form of laryngial disease, and is the direct consequence of this Dyspnœa, and not the cause: the powerful but nearly ineffectual efforts at dilating the Chest producing sanguineous engorgement of, and fibrinous exudation from the Mucous Membrane, the same as if an exhausted Cupping Glass were applied to its surface?

Have you any practical suggestions to make to the Profession relating to the treatment of any disease? If so, please make them in detail. Please give, also, any Statistics you may have, relating to the subjects of the Committee's Report.

C. N. ANDREWS, M.D.,
ROCKFORD, WINNEBAGO COUNTY, ILLINOIS,
Chairman of the Committee of Practical Medicine of the Illinois State Medical Society.

Illinois State Medical Society,

Will meet in Chicago on the first Tuesday in June. Delegates and members, on arriving in the city, may find the place of meeting by calling on the Secretary, No. 53 Randolph St. Chicago.